Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10656239

7		26/05	S FILED - PART I (Column 1) (C			mn 2)	SMAL TYPE		YTITY	OR	OTHER SMALL		
Į.Į	OTAL CLAIMS						RAT	E	FEE	<u> </u>	RATE	FEE	Ξ
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	395.∞	OR	BASIC FEE	790.0	ю.
TOTAL CHARGEABLE CLAIMS			20 minus 32 ·				×_			l OR	×	1	
INDEPENDENT CLAIMS			4 minus 5 = *			-					X.		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT		, .		^=	_		OR			_
* If the difference in column 1 is less than zero, enter "0" in colum							+	_		OR	. +	1	
* [the difference	e in column 1 is	TOTA	λ Ι		OR	TOTAL	790)				
CLAIMS AS AMENDED - PART II											OTHER		
		(Column 1)	(Colun				. SMA	LLE	NTITY	OR	SMALL	=N 111 Y	(·
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSEY	PRESENT -	· RAT	E	1001 TIONAL FEE		RATE	TION/ FEE	AL
	Total .	*	Minus	**		2	×			OR	x		
	Independent	*	Minus	***		=		_		OR	× <u>. </u>		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									011			
	•		_	<u>.</u>	OR	+	ļ						
		TO ADDIT F			OR-	TOTAL							
.(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE MUM PREVIO PAID I	BER JUSUs	PRESENT EXTRA	BAT	Ξ	ADDI- TIONAL FEE		RATE	ADD TION/ FEE	AL
	Total	•	Minos	**		ļ	X_	_	<u> </u>	OR	×		
	Inaependent	t	Minus	***		=	X_	\dashv		00	×		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT									OR		ł	
		·	- [OR	h:							
		OT L TIQQA	iAL oc		OR.	TOTAL ADDIT FEE	Ĺ						
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA	RATI	=	AUDI- TIONAL • FEE		RATE	ADD TION/ FEE	ΑL
	Total	•	Minus	t* .		=	X			OR	XS		
	Independent	*	Minus	***		= ,	\	╅			x		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR		 	
	:		•				+	-		OR	+		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL ADDIT. FEE		
***	I the "Highest Nu	mber Previously Paid ber Previously Paid	aid For IN THE	S SPACE is	less that	n 3, enter "3."			ropriate box				. ·